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BIB DATA SHEET

CONFIRMATION NO. 3593

| SERIAL NUM | BER | ER FILING or 371(c) | | CLASS | | GROU | GROUP ART UNIT | | | ATTORNEY DOCKET NO. | |
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| 10/776,45 | 5 | | | | 514 | | 1617 | | 2385.010 | | |
| , | RULE | | <u> </u> | | | | | | | | |
| APPLICANTS | | | | | | | | | | | |
| Robert L. Diaz, Palm Beach Gardens, FL; | | | | | | | | | | | |
| ** CONTINUING DATA ********************************** | | | | | | | | | | | |
| ** FOREIGN APPLICATIONS ************************************ | | | | | | | | | | | |
| ** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY ** 05/10/2004 | | | | | | | | | | | |
| Foreign Priority claimed Yes V No | | | ☐ Met after | | STATE OR | SHE | | TOTAL | | INDEPENDENT | |
| 35 USC 119(a-d) conditions met ☐ Yes No ☐ Me All Verified and /JENNIFER MYONG | | | ☐ Met af Allowa | ince | COUNTRY | DRAW | | CLAIMS | | CLAIMS | |
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| ADDRESS | | | | | | | | | | | |
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| TITLE | | | | | | | | | | | |
| Intra-operative procedure for post-operative pain control | | | | | | | | | | | |
| | FEES: Authority has been given in Paper | | | | | | ☐ All Fees | | | | |
| | | | | | | | ☐ 1.16 Fees (Filing) | | | | |
| FILING FEE | | | | | | | 1.17 Fees (Processing Ext. of time) | | | | |
| | No to charge/credit DEPOSIT ACCOUNT No for following: | | | | | | | <u>`</u> | | | |
| 400 | | | | | | | Other | | | | |
| | | | | | | | | ☐ Credit | | | |
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